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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/02/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445355	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/28/2011
NAME OF PROVIDER OR SUPPLIER INDIAN PATH MEDICAL CENTER TRANSITIONAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BROOKSIDE DRIVE KINGSPORT, TN 37660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to immediately</p>	F 157	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The final urine culture was reported from the lab on 7/24/11 and not called to the MD. It was reported on 7/25 and antibiotic therapy was initiated. This was a delay in treatment with no significant harm to the resident.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice and what action will be taken?</p> <p>A. The nurse who did not call the report to the physician on 7/24/11 was counseled.</p> <p>B. The other TCU nurses were informed of the deficiency details on 7/26/2011. Director educated the nurses that new lab reports must be reviewed daily and any positive lab cultures must be called to the physician if he/she does not round that day.</p> <p>Continued on next page</p>	07/25/11	07/24/11 07/26/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	<p>Continued From page 1</p> <p>notify the physician of the presence of a Urinary Tract Infection for one resident (#3) of 5 residents reviewed.</p> <p>The findings included:</p> <p>Resident #5 was admitted from the hospital to the facility on July 19, 2011, with diagnoses including Post Open Reduction and Internal Fixation of a Right Hip Fracture, Right Humerus Fracture, and Urinary Tract Infection. Medical record review revealed an indwelling urinary catheter was removed prior to admission to the facility.</p> <p>Medical record review of the Interim Microbiology Report revealed a urine specimen was collected on July 21, 2011, and reported to the facility on July 23, 2011, at 7:06 p.m., with the result, "...greater than 100,000 cfu/ml (colonies per milliliter) of Gram Negative Rods."</p> <p>Medical record review of the physician's orders on July 21, 2011, revealed an antibiotic was ordered, "Rocephin 1g IV (intravenous) x1 tonight and then ask Dr. _____ tomorrow."</p> <p>Medical record review of the physician's orders on July 25, 2011, revealed an antibiotic (Levaquin) had been initiated in response to the positive urine culture reported to the facility on July 23, 2011.</p> <p>Observation and interview with the resident at 10:20 a.m., on July 26, 2011, revealed the resident stated they continued to be incontinent of urine.</p>	F 157	<p>C. Lab reports all positive cultures to the facility IPP (Infection Prevention Practitioner). It is a daily electronic report. Within the report is the name of the resident, location, type of culture, and antibiotic treatment that is initiated. The IPP reviews this report daily (including weekends) and will contact the TCU unit and the unit DON whenever there is a positive culture and the antibiotic therapy has not been initiated.</p> <p>D. A Clinical Pharmacist will be assigned to view the report in the absence of the IPP and will communicate this information as needed.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>A. The DON requested on 8/5/11 for the MSHA Informatics Department to create an electronic alert for positive culture reports. The IS Department will work with the software vendor to write a program to produce a link that initiates an alert. The next meeting will be August 24th of the IT/Clinical Task Force, the group that will be working on this alert.</p> <p>B. A concurrent review of all cultures-results and initiation of antibiotic therapy has been put into place as of August 3rd, 2011.</p>	08/03/11	08/03/11	08/05/11	08/03/11

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F 157	Continued From page 2 Interview in the employee health office with Licensed Practical Nurse (LPN) #1, on July 27, 2011 at 11:00 a.m., verified the LPN had not followed up with the physician on July 22, 2011, as requested by the physician on the evening of July 21, 2011, when an antibiotic had been initiated. Interview in the employee health office with the Director of Nursing (DON) on July 28, 2011, at 10:00 a.m., confirmed the positive urine culture had not been communicated to the physician prior to July 25, 2011.	F 157	How will the corrective actions be monitored to ensure the deficient practice will not recur? A. Ongoing practices are now in place to review the culture reports and antibiotic therapy initiation by the facility IPP with reporting of any delayed initiation reported to the DON and the unit Shift Leader who would then notify the MD. This report generates 4 hours after the cultures are uploaded into the electronic medical record. B. The DON will do progressive counseling with any individual nurse who does not follow the accepted practice of notifying the MD of any abnormal lab results requiring interventions. C. All labs are electronically posted in the resident record for viewing by the nurse and physician or practitioner. As a backup to the above process, paper copies of daily labs will be generated for TCU for one month. To monitor the effectiveness of the process to communicate all positive culture reports on the day they post to the department if antibiotics have not been started, the DON or Shift Leader will also review the paper printed reports and note actions taken on the positive culture reports. There is a TCU shift leader/charge nurse assigned each shift and he/she will view these reports that potentially would generate on the weekend and when MD's are more likely not to round. These will be reviewed by the DON at the end of the 30 days to see if there is a deficient practice, or if the cited occurrence of delay of treatment was an isolated event.	08/03/11	08/08/11 08/08/11

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